PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application or Doctor Number  OLSS-PA												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTTTY	OR	OTHER	
π	TAL CLAIMS		12					RATE	FEE	]	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			12 minus 20=		• 6			X\$ 9=		OR	X\$18=	
INE	EPENDENT C	AIMS	o € eunim V					. X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140a	<b>-</b>		+280=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL	(22)
	· c	LAIMS AS A	TOTAL	<u> </u>	Iou	OTHER	834					
11-23-04 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OŖ	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER KUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOM	Total	• 11	Minus	-2	0	•		X\$ 9=		OR	X\$18=	
A	Independent	• 4	Minus		3	ليها		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
4/29/05								TOTAL ODIT, FEE		OЯ	TOTAL ADDIT, FEE	
	. (Column 1) (Column 2) (Column 3)											
EMT B		CLAMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• [/	Minus	- 2	0	-0		X\$ 9a		OR	X\$18=	
	Independent	• 4	Minus	est Z	2 CI AIM	·Ø		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
10/13/05								TOTAL DOT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	, ,	(Colum		(Cotumn 3)	_					·
ENTC		REMAINING AFTER AMENDMENT		NUME PREVIO PAID 1	ER USLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	<b>-</b> 2	0	•Ø		X\$ 9=		OR	X\$18=	
AMENDME	independent	• 2	Minus		3	•Ø	ŀ	X423			X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the Prighest Number Previously Paid For" IN THOS SPACE is less than 20, enter "20."								+140= TOTAL		OR OR	+280= YOTAL	
	I the Wighest Nu	mber Previously Pa ber Previously Pal	dd For' Di THE	S SPACE &	less the	3. enter 3.	~	DOIT, FEE ( Id in the app	ropriete box	-	ADOIT. FEE II umn 1.	
FORM	PTO-876 /Pm/ 15	1021 1180		(Mar. 2000)	400.4047			12.12.1	- A 2 - 11		ABWATTA OC	